

**CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS
VETERANS SERVICES DIVISION**

NET COUNTY COST SUMMARY

JANUARY 1 - JUNE 30, 2015

Claim for Subvention Funds for the same period must be attached to this form

COUNTY OF _____

		Preliminary OR Adopted Budget FY 2015-2016	2ND SIX-MONTH - JUNE 30, 2015 EXPENDITURES	JAN
<u>Staffing</u>				
<u>Filled Positions</u>				
Accredited VSR/VBC/VCR	FTE	_____	_____	_____
Non-Accredited VSR/VBC/VCR	FTE	_____	_____	_____
Support Staff	FTE	_____	_____	_____
Total filled FTE		=====	=====	=====
<u>Expenditures</u>				
<u>Direct Costs</u>				
Personnel Expenditures	A	_____	_____	_____
Operating Expenditures	B	_____	_____	_____
<i>Total Direct Costs (Sum of lines A plus B)</i>	C	\$ -	\$ -	
<u>Indirect Costs (I.e. Overhead)</u> (List by type/source if available: A87, COWCAP, etc)				
A87	D	_____	_____	_____
COWCAP	E	_____	_____	_____
HHSA	F	_____	_____	_____
Admin Sup, Cler Sup:	G	_____	_____	_____
<i>Total Indirect Costs (Sum of lines D, thru G)</i>	H	\$ -	\$ -	
Total Costs (Sum of lines C plus H)	I	\$ -	\$ -	
<u>Local Revenue (DO NOT report cdva revenue (subvention, medi-cal, vsof))</u>				
Other Local _____	I	_____	_____	_____
Other Local _____	J	_____	_____	_____
Other Local* _____	K	_____	_____	_____
Total Local Revenue (Sum of lines I thru K)	M	\$ -	\$ -	

* Insert lines if necessary

TO BE FILLED IN BY CDVA ONLY

CDVA Subvention	I	_____	_____
CDVA MediCal Cost Avoidance	J	_____	_____
CDVA VSOFF	K	_____	_____
NET COUNTY COST	\$	\$ -	\$ -